

Department of Administration	Facility Management Division Standard Operating Procedure SOP			
Contractor Key Request Form, (CKRF) These are the Instructions for Building Coordinators to complete and submit a Contractor Key Request Form (CKRF) to Security Systems.	NUMBER	REV	EFFECTIVE DATE	PAGE 1 OF 4
	SUPERSEDES	PREPARED BY		REVIEWED BY APPROVED BY

1.0 **PURPOSE:**

The policy provides the NC Department of Administration, Security Systems a consistent and uniform method to receive Contractor Key Request Forms (**CKRF**) from approved Building Coordinators and Contractors for processing. These are the only individuals who can receive these keys.

2.0 **HISTORY OF REVISIONS:**

Date	Revision No.	Change	Reference Section
02/15/2019	Original Version		New
07/09/2019	Revision II	Form and procedure	7.3,7.4 and 8.0
07/29/2020	Revision III	CKRF Form and procedure	7.3,7.4 and 8.0

3.0 **PROGRAMS AFFECTED:**

- 3.1 Facility Management Division/Security Systems
- 3.2 All State Agency Building Coordinators with the ability to manage lists and add/remove keys and/or cores from State Sites. Building Coordinator(s) lists are managed through the DOA/FMD/Security Systems office.

4.0 **REFERENCES:**

- 4.1 All North Carolina DOA/FMD **ACR** form policy.
- 4.2 All North Carolina DOA/FMD **BCF** form policy.
- 4.3 All North Carolina DOA/FMD **KCRF** form policy.

5.0 **POLICY:**

- 5.1 The DOA/FMD/Security Systems office will use consistent and uniform forms and methods for accepting Contractor Key Requests.
- 5.2 All Agencies, Departments, and Building Coordinators and/or Contractors will use the approved Contractor Key Request form (rev. 2 - 07092019) and send it to Security Systems in the appropriate format.

6.0 **DEFINITION:**

- 6.1 **DOA** (Department of Administration)
- 6.2 **FMD** (Facility Management Division)
- 6.3 **KCRF** (Key and Core Request Form)
- 6.4 **CKRF** (Contractor Key Request Form)
- 6.5 **BCF** (Building Coordinator Form)
- 6.6 **KEY** (Device utilized to open doors via a core and lockset)
- 6.7 **KEYHOLDER** (Individual who is assigned the key for use)
- 6.8 **REQUESTOR** (Company or Individual who orders the contractor key through the Building Coordinator)
- 6.7 **CORE** (Pinned channel device which receives keys allowing for access through doors)
- 6.8 **ACR** (Access Card Request) This form is used for replacement, lost, damaged, agency or department change, employment change, and/or name change.
- 6.9 **Security Systems** – Send all inquiries and security related information via email account security.systems@doa.nc.gov . This includes Building Coordinator Requests, Key Requests, Access Card Requests, changes in access activations and deactivations, reports, inclement weather and emergency lockdowns and unlocking of buildings.
- 6.10 **Building Coordinators** – Selected Individual(s) assigned and approved from an Agency and or Division to send in (**KCRF**) and (**CKRF**) Forms for processing.
- 6.11 **Contractor** – Approved individuals by a State Agency that can submit (**CKRF**) forms and receive keys and cores **provided a deposit has been received** for each key.

7.0 **RESPONSIBILITY:**

- 7.1 **DOA FMD Badging Office Manager** is responsible for the following:
 - 7.1.1 Ensure all Building Coordinator lists are up to date.
 - 7.1.2 Provide a (**BCF**) to new or existing coordinators when duties change, or additional coordinator(s) are added or deleted.
 - 7.1.3 Train and assist all new Building Coordinators in Security Systems policies and procedures. This includes providing a copy of the (**SOP**) regarding pick up and drop off of keys and cores, contractor keys, and deposit procedures within their specific agency/department regarding door access and other provisions.
 - 7.1.4 Inclement Weather/Emergency Building lockdowns and unlocks.
- 7.2 **DOA FMD Security Systems Office** is responsible for the following;
 - 7.2.1 Receiving all (**CKRF's**) and emails regarding doors and devices which require key access.
 - 7.2.2 Schedule pick up times for keys.
 - 7.2.3 Process all deposits (**\$100.00 each**) received per individual contractor key.
 - 7.2.4 Manage database when keys are cut and/or returned to verify security of inventory and/or deposit refund.
 - 7.2.5 Review and ensure all (**CKRF**) Requests received via email from Building Coordinators and Contractors are correct and follow policy.

7.3 **DOA Building Coordinators** are responsible for the following:

- 7.3.1 Generating (**CKRF**) forms within the AIM\ReADY Web Portal
- 7.3.2 Submitting the forms via the CMS Work Request System
- 7.3.3 Forwarding emails and/or notifying employees when keys are ready for pick-up.
- 7.3.4 A document example is supplemented with this document.

7.4 **Building Coordinators** are responsible for getting Building Contractors and/or State Construction Office approvals to appropriate a Grand Master or Mechanical room key.

- 7.4.1 Generating (**CKRF**) forms.
- 7.4.2 Submitting filled out electronic forms from Building Coordinator for processing
- 7.4.3 Providing a viable email and phone number to be contacted when keys are ready.

8.0 **PROCEDURE:**

8.1 The approved **Building Coordinator** will accurately fill out the (**CKRF**) **Form**. The form must be **electronically filled out** and sent as a “**saved word document**”. This must be in the appropriate MS Word Format. Handwritten, scanned or any other type of document (.pdf etc.) will not be accepted. *Any type of alteration* to the form will not be accepted. If the form is altered or is not submitted by an approved Building Coordinator it will be sent back and can lead to subsequent delays.

8.2 There is a **\$100.00 deposit** required for **each** key requested.

- Check only.
- All checks must be payable to the Department of Administration of North Carolina (DOA)

8.3 **Filling out the Contractor Key Request Form**

8.3.1 **Section 1- Ordering Information:** This header requires all **10 fillable blocks** to be completed to the best of the Building Coordinator or Contractors knowledge. This is what is required to process the (**CKRF's**).

8.3.2 **Section 2 – Reimbursement rules:**

In order to get the deposit back to the originator of payment we have created this block of **(4) fillable information cells**. Complete this section to indicate who, where, job title and the phone number. We will then know how to process the deposit reimbursement.

8.3.3 Section 3 – Policy and Instruction Block:

This information is tabbed **a thru k** and must be adhered to when requesting a Contractor Key.

a) FMD Security Systems is the only authorized agency to duplicate keys for State Government Facilities

Any duplicates or otherwise keys cut outside this purview is strictly forbidden

b) The Building Coordinator shall complete the electronic form and “save as” in the AIM-ReADY web portal

All key request forms must be submitted by the Building Coordinator unless otherwise negotiated with DOA Management.

c) Only (1) individual shall be listed as the keyholder per form

There can be only (1) keyholder listed on any form.

We do not allow multiple names i.e. keyholders on a document. This is for key management and security reasons which is the DOA/FMD Security Systems key management model.

d) A \$100.00 deposit is required for EACH Key

Checks only are the acceptable payment for deposit for a Contractor key

e) Credit Cards or Money Orders are not accepted

f) Payments are to be made for each person keys are assigned to (1 check per keyholder i.e. end user)

When paying for each key you can combine deposits per keyholder i.e. John Doe needs (4) 104-1 keys @ \$100.00 each for a total of \$400.00. Deposit check can be written for \$400.00 per keyholder of keys.

g) All checks will be deposited within 7 days of receipt in following with DOA/FMD cash management guidelines

Security Systems forwards deposits at least once a week to the Fiscal Management Offices for processing.

h) The Requesting Party is RESPONSIBLE for CONTROL and USE of each key

The Requesting Party is the Company or Individual who orders the key(s) through the Building Coordinator. Even though they distribute a key to a keyholder they are ultimately responsible for the safe keeping and proper use of the Contractor key.

i) In the event of the termination of the person/keyholder to use key, the key shall be returned to Security Systems

All keys must be returned to Security Systems when not attached to a keyholder.

j) If key is changing hands Security Systems MUST be notified to re-assign the key to the new personnel

The Requestor must transfer a key to a new keyholder if the existing keyholder was terminated, removed or relieved of the key. Contact Security Systems

k) When keys are returned to Security Systems the reimbursement forms will be processed within 7 days, then the DOA Fiscal Management Division will return deposits to the address listed in the reimbursement section 2

This process generally happens within 3 weeks of receipt of key(s); however, times may vary due to higher than normal processes at any given time.

8.3.3 **Section 3 – Key Entry Information:** This area is required for the Security Systems office to correctly cut and issue keys for specific individuals. This ensures that proper tracking and employee key return policies are adhered to.

Fill out all necessary line items here:

- **Key Code** – Key type and associated code for that key
- **Keyholder** – Person being issued the key(s)
- **Driver's License or State ID numbers**
 - ✚ Provide (Driver's License # Last (4) digits only): (Passports, Federal or State ID's State ID's (also Last (4) Digits) with a photograph are acceptable forms of identification.
- Sign (**signature of requestor**) and Date (**date of request**).
- **Key pick-up** date and **key issue** date

The remainder of the document is for Security Systems purposes only.

CONTRACTOR KEY REQUEST FORM
 North Carolina Department of Administration
 Division of Facility Management-Security Systems
 919-733-1800

1. COMPLETE THIS PORTION FOR ORDERING PURPOSES

BUILDING COORDINATOR:	Click or tap here to enter name	REQUEST DATE	Click or tap to enter a date.
DEPARTMENT – DIVISION:	Click or tap here to enter name	BUILDING NAME	Click or tap here to enter name
MSC# and Zip Only:	Click here to enter address	TELEPHONE #	Click here to enter number
REQUESTOR	Click or tap here to enter name	BUILDING NAME	Click or tap here to enter name
COMPANY	Click or tap here to enter name	ADDRESS	Click here to enter address

2. COMPLETE THIS PORTION FOR REIMBURSEMENT PURPOSES

REIMBURSEE NAME	Click here to enter name	TITLE	Click or tap here to enter title
KEY DEPOSIT ADDRESS:	Click here to enter address	TELEPHONE #	Click here to enter number

3. KEYS FOR TEMPORARY ACCESS TO STATE PREMISES FOR AUTHORIZED CONTRACTORS WILL SUBJECT SAID CONTRACTORS TO FOLLOW AND ACCEPT THESE GUIDELINES BEFORE KEYS CAN BE DISTRIBUTED



- a) FMD Security Systems is the only authorized agency to duplicate keys for State Government Facilities
- b) The Building Coordinator shall process the electronic form by utilizing the AIM Ready Web Portal
- c) Only (1) individual shall be listed as the keyholder per form
- d) A \$100.00 deposit is required for EACH Key
- e) Only checks are approved means of payment (Credit Cards are not acceptable means of payment)
- f) Payments are to be made for each person keys are assigned to (1 check per keyholder i.e. user)
- g) All checks will be deposited within 7 days of receipt in following with Fiscal management guidelines
- h) The Requesting Party is RESPONSIBLE for CONTROL and USE of each key
- i) In the event of the termination of the person to use key, the key shall be returned to Security Systems
- j) If key is changing hands Security Systems MUST be notified to re-assign the key to the new personnel
- k) When keys are returned to Security Systems the reimbursement forms will be processed within 7 days, then the DOA Fiscal Management Division will return deposits to the address listed in the reimbursement section 2

KEY CODE	ROOM # or DESCRIPTION	KEY HOLDER NAME	DL LAST 4 OR NC STATE ID #	SECURITY SYSTEMS USE ONLY
Enter code	Enter number	Click to enter text.	Enter number	
Enter code	Enter number	Click to enter text.	Enter number	
Enter code	Enter number	Click to enter text.	Enter number	

I hereby understand and agree to abide by these terms and conditions

KEY PICKED UP BY: _____

KEY ISSUE DATE: _____

SIGNATURE: _____

RECEIVE DATE: _____

THIS SECTION IS FOR SECURITY SYSTEMS USE ONLY

WORK ORDER NUMBER		COMPLETION DATE	
MAN HOURS		COMPLETED BY	

Revision III / 07-27-2020